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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Kenya

The Executive Director recommends that the Executive Board approve the country programme of Kenya for the period 1994 to 1998 in the amount of $22 million from general resources, subject to the availability of funds, and $30 million in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

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THE SITUATION OF CHILDREN AND WOMEN

1. Over the past two decades, poverty in Kenya has diminished family resources, thus affecting the well-being of women and children. The country has experienced sluggish economic growth, rapid population growth, drought, which caused massive crop failure, shrinking size of landholdings, growing landlessness, over-farming of environmentally fragile land, ethnic and land-ownership clashes in some grain basket areas and rapid acceleration of inflation - from 15.8 per cent in 1990 to over 40 per cent in 1993. The threat of poverty is already forcing some low- and middle-income families to miss meals, delay medical care, purchase less than the prescribed amount of drugs and withdraw children (often girls) from school.

2. The national resource base for strengthening basic services has also weakened. The economic growth rate has declined steadily, from 5.8 per cent in 1988 to 2.3 per cent in 1992, and it decreased further, to 0.4 per cent, in 1993. Foreign debt of $7 billion, with a debt service ratio of 34 per cent of export earnings, is further crippling government capacity to contribute to human development.

3. Kenya's current population growth rate of 3.5 per cent per year compares unfavourably with an average of 2.5 per cent for many other low-income countries. However, the total fertility rate dropped from 7.9 children in 1979 to 5.4 in 1993. The current population is estimated at 25 million; children 0-15 years old constitute about 52 per cent of the population.

4. Women constitute an estimated 80 per cent of the agricultural labour force of the nation. Because of their multiple roles in production, fetching of wood and water and caring for children, many women are disadvantaged when compared to men with respect to opportunities for education and employment. Girls usually drop out of school because of early marriage and pregnancy and parental refusal to pay school fees.

5. Although considerable progress has been made in Kenya over the last three decades, the infant mortality rate of 74 per 1,000 live births and the under-five mortality rate of 105 per 1,000 live births are high. These national averages conceal major disparities by region, ethnicity and gender. The most common causes of childhood illness and death are malaria, acute respiratory infections (ARI), diarrhoea and vaccine-preventable diseases. Other causes are low birth weight, malnutrition, deficiencies in such micronutrients as iron, iodine and vitamin A and anaemia as a result of recurrent attacks of malaria.

6. Maternal mortality is also a serious problem. The estimated maternal mortality rate (MMR) is about 225 per 100,000 live births, resulting mainly from haemorrhage, sepsis, obstructed labour, anaemia and toxaemia.

7. The acquired immune deficiency syndrome (AIDS) threatens to reverse the gains already made in reducing infant and under-five mortality rates, despite the efforts of the Kenya National AIDS Control Programme. As of July 1993, over 38,000 cases of AIDS had been reported in Kenya - a number that underestimates the magnitude of the problem as the majority of cases appear to be unreported

and many infected persons are not aware of their status. The Kenya National AIDS Control Programme estimates that between 750,000 and 1 million Kenyans are now infected with the human immunodeficiency virus (HIV), with women between the ages of 15 and 19 years at greatest risk.

8. Child malnutrition remains a serious problem in Kenya. Nationally, prevalence of stunting is about 20 per cent and that of wasting is about 2.5 per cent. Some districts report rates as high as 43 per cent (Kwale) and 52 per cent (Narok). The increasing problem of malnutrition in Kenya is, to a large extent, an outcome of the general economic decline, which has affected the provision of all basic services.

9. Accessibility to adequate safe drinking-water (defined as 20 litres per person per day within a distance of 1.5 kilometres of the homestead) is still below acceptable levels. In urban slum and squatter settlement areas only 53 per cent of households have access to safe drinking-water. In rural areas, access is as low as 42 per cent. Many water points are operating below optimal levels because of inadequate maintenance. Dracunculiasis (guinea worm disease), linked with water supply, has so far been negligible in Kenya, with only five cases detected in a 1989 survey.

10. Only 35 per cent of the rural population and only 50 per cent in slum settlements have access to adequate excreta disposal facilities. Some communities have constructed pit latrines, more to satisfy local administrative authorities than out of conviction of their usefulness. Often, these fall into disuse.

11. The national primary school enrolment rate in Kenya is estimated at 95 per cent, with a male/female ratio of 51/49. Yet completion rates for girls are still much lower than for boys (35/55). Children in urban slums and nomadic communities are particularly disadvantaged. In 12 arid and semi-arid districts, primary school enrolment averages only 70 per cent; similarly, only 64 per cent of children in the urban centres of Mombasa and Nairobi are enrolled. Other problems include low quality of the curriculum and the need to improve teacher training. Participation in pre-school education and care, though at an important preparatory stage in Kenya's educational system, covers only 30 per cent of children below six years of age, with no gender disparity. In those districts with centres for early childhood education, however, participation averages 50 per cent, and many women participate in adult literacy programmes. The national literacy rate for women remains much lower than that for men (40 to 69 per cent respectively).

12. Children in especially difficult circumstances have become a major problem in Kenyan towns and number over 500,000. Rapid urbanization, the recent drought and ethnic clashes over land have increased the number of persons living in urban slums and squatter settlements.

PROGRAMME COOPERATION, 1989-1993

13. The programme of cooperation was adjusted in 1991 to coincide with the Government's sixth national development plan. Programme strategies are closely aligned with the Government's theme of "participation for progress", with an emphasis on basic needs and district-focused strategy for rural development, disadvantaged groups and less developed areas.

Health and nutrition

14. Health and nutrition efforts focused on primary health care (PHC), the Bamako Initiative, immunization (including a special emergency response to curb an outbreak of yellow fever), growth monitoring and promotion, control of malaria and diarrhoeal diseases, the safe motherhood initiative, family planning, the Baby-Friendly Hospital Initiative (BFHI) and a health management information system.

15. PHC activities have contributed to strengthening strategies for improving health care delivery systems. As a result, the Government is promoting cost-sharing and community-based approaches nationwide. The Bamako Initiative is operational in 90 communities in 20 districts and is fully integrated with other health interventions. New technologies to control malaria focus on preventive measures at the household level using impregnated bed nets and the mbu (mosquito) cloth.

16. Although a 1992 survey of immunization levels reported a national coverage rate of about 77 per cent, districts in North-Eastern, Coast and Nyanza provinces recorded levels below 66 per cent owing to the uneven distribution of immunization points and the lack of qualified staff and equipment at many centres. A 1991 evaluation of cold-chain management and logistics revealed up to a 30 per cent loss of vaccines due to inappropriate warehousing, poor handling and weak distribution.

17. The Ministry of Health, the World Health Organization (WHO), the United Nations Development Programme (UNDP) and UNICEF managed an effective response to an outbreak of yellow fever in Rift Valley province in February 1993. In six weeks, the epidemic was contained at a cost of about $1 million and an estimated 720,000 lives were saved. A yellow fever vaccine has now been incorporated into the regular immunization programme in the two affected districts.

18. Kenya was a "flagship country" for launching BFHI in 1991. This initiative has expanded to all provincial and district hospitals and has reached its second stage of implementation, focusing on a community-based approach. Health information systems, at both national and district levels, have been strengthened to connect with community databases in UNICEF-supported "focus districts".

19. UNICEF assistance to nutrition was linked mainly to community-based growth monitoring and promotion, nutrition education and the widespread use of the child health and nutrition information system. Attention was also given to research on weaning foods and practices and to the promotion of salt iodization. During 1992-1993, emergency feeding programmes were supported for between

165,000 and 220,000 mainly Somali refugees and victims of drought and famine per month.

Acquired immune deficiency syndrome/human immunodeficiency virus

20. AIDS surfaced as a major social and health problem in Kenya in the late 1980s. UNICEF and WHO played a leading role in raising public consciousness and concern, in supporting educational campaigns on prevention and community care and in treating AIDS as a development challenge rather than simply a health problem. Concerted efforts with the Ministries of Health and Education, non-governmental organizations (NGOs) and the private sector led to nationwide use of appropriate information materials for high-risk groups and support to outreach programmes focusing on AIDS prevention.

Basic education

21. UNICEF supported district centres for early childhood education and the development of a special curriculum and teacher training geared to three- to six-year-olds. An innovative programme was also developed and implemented for integrating traditional Islamic early childhood education within secular education and child survival and development (CSD) activities. Health (including AIDS) education was the major thrust in UNICEF-supported activities in primary schools, while assistance to adult education helped to produce post-literacy reading materials on CSD issues.

Water supply and environmental sanitation

22. This programme did not achieve all of its targets, as the large supplementary funding component was not fully funded. Notable success, however, was realized in UNICEF support to the Government, NGOs and communities in the focus districts of Baringo and Kisumu through low-cost technologies, community participation and improved systems for sustainability. This experience demonstrated substantial opportunities for empowering women's groups to organize, own and manage water supply systems.

Children in especially difficult circumstances

23. Children in especially difficult circumstances emerged as a critical socio-economic problem during the implementation of the programme, although initially there was little information for planning. Major activities included rehabilitation of street children through non-formal education, skills-building case studies on children in especially difficult circumstances and intensive advocacy and mobilization of private institutions, NGOs, the media and the public. These efforts, combined with the ratification by the Government of the Convention on the Rights of the Child and the review and consolidation of laws relating to children, are expected to help lessen the plight of these children.

Women in development

24. Some cultural resistance and inadequately focused activities for women and girls within sectoral programmes have limited progress in achieving the objectives for women in development. Since the reformulation of the programme

in 1991, however, credit has been extended to over 2,000 women in UNICEF focus districts and the way has been paved to integrate gender concerns more firmly in the current programme process. Stronger advocacy has created more awareness of the Nairobi Forward-looking Strategies for the Advancement of Women and the plight of the girl child and has contributed to the preparation by the Government of a national policy on gender for cabinet approval.

Social mobilization

25. Efforts to sensitize the national and international media to child survival, protection and development issues and increased contacts with media partners have generated greater interest and coverage of programmes and issues related to the situation of children and women. For example, the formation in 1991 of the Inter-disciplinary Committee on Communications and Social Mobilization was a positive step. In the new programme cycle, the Committee is expected to play a crucial role in the production and dissemination of comprehensive messages to support social mobilization efforts in all sectoral programmes.

Social planning and capacity-building

26. The 1989-1993 programme analysed the impact of structural adjustment programmes. Studies were supported on cost-sharing, the impact of structural adjustment on the welfare of the people, socio-economic profiles and household welfare monitoring and evaluation surveys. These studies have strengthened significantly government capacities in data collection, analysis and monitoring.

27. The national capacity-building project initiated a series of operational research activities involving universities, communities and government officers. A 1991 evaluation indicated the project had created useful linkages between universities and communities and had subsequently helped to strengthen the capacities of district-level government institutions. However, delays in analysing and disseminating the results have made it difficult for district teams to use the studies for planning purposes.

Area-based programme

28. The area-based programme covered six rural districts (Baringo, South Nyanza, Kitui, Kwale, Embu and Kisumu) and three urban areas (Nairobi, Mombasa and Kisumu). The overall objective was to institute an integrated approach to the delivery of basic services for women and children and to involve local communities in project design and implementation.

29. The 1991 mid-term review highlighted the need for more effective monitoring and coordination to support the area-based programme. An evaluation in 1992 showed that although the Government's district focus strategy was a historical move towards decentralized planning and management, it did not provide adequate organizational structures and processes for community-based operations. The future success of area-based programming, therefore, depends on (a) providing on-the-spot management back-up support at the field level; and (b) building the management capacities of village development committees.

Emergency programme

30. Since mid-1992 UNICEF has been supporting emergency assistance for drought-affected populations throughout northern and north-eastern Kenya. Although initially the programme was concentrated in Wajir and Mandera districts, it has expanded to eight districts experiencing increasing malnutrition, including Garissa, Marsabit, Turkana, Samburu, Isiolo and Tana River. In Wajir, malnutrition rates previously reported to be over 40 per cent are now below 20 per cent. It is imperative that this level of intervention be sustained and replicated in other severely affected pockets within districts where malnutrition is as high as 50 per cent.

Lessons learned

31. The June 1991 mid-term review brought to light major constraints affecting project implementation, including inadequate financing and weak coordination and supervision. Difficulties in the management and delivery of supplies and equipment arose largely because the Government could not fulfil all its financial management obligations to support this process. Channelling some resources through NGOs, in addition to government sources, proved a viable alternative. It was also determined that targeting too many rural districts and urban areas had led to fragmented programming and made it difficult to develop a successful model.

32. It was concluded that programme formulation was sectorally compartmentalized and the objectives were too broad and unrelated to implementation. This led to scattered, fragmented programmes and projects. There was a lack of monitoring and evaluation indicators, and weak linkage between district-based and national sectoral programmes made it difficult to develop cost-effective, easily replicable projects.

33. The most notable success of the 1989-1993 programme was the development of more effective ways to deliver basic services based on community initiatives and networking with NGOs. In particular, the Bamako Initiative has made it possible to expand PHC, making a significant nationwide impact on maternal and child health. Based on these lessons, the future programme will use community participation as a foundation for focused integrated programming to reach vulnerable groups, in particular nomads, livestock farmers, single mothers and children in especially difficult circumstances.

Country programme preparation process

34. The 1994-1998 programme will be based on the successful collaboration between the Government of Kenya and UNICEF during the 1989-1993 period. The preparation process was fully participatory, involving government representatives from national and district levels, public research institutions, NGOs, UNICEF and the donor community in four major exercises.

35. The mid-term review of June 1991 identified problems and constraints and suggested modifications where necessary. From February 1992 on, UNICEF worked closely with partners to update the situation analysis of women and children in Kenya. A strategy meeting in November 1992 brought together the Government,

collaborating NGOs, the donor community and representatives of UNICEF and the United Nations system to review major programme strategies for drafting a new master plan of operations. Finally, the preview meeting in May 1993 provided the opportunity for a similar mix of partners to review 13 new programme plans of operation.

36. The process of preparing the new country programme has contributed greatly to strengthening the planning capacities of sectoral ministries and their understanding and articulation of issues and problems affecting women and children. It has also created greater awareness of problems affecting children and women, as well as a strong network of partners and advocates for the welfare of children.

RECOMMENDED PROGRAMME COOPERATION, 1994-1998

General resources: $22,000,000
Supplementary funding: $30,000,000

Recommended programme cooperation a/
(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Social planning and monitoring	2 500	-	2 500
Child and maternal health c/	4 000	6 000	10 000
Nutrition/household food security	1 000	2 600	3 600
Basic education	2 200	2 600	4 800
Water supply and sanitation	3 500	2 500	6 000
Gender and development	900	900	1 800
Children in especially difficult circumstances d/	1 000	4 500	5 500
AIDS d/	1 000	3 000	4 000
Advocacy, communication and social mobilization	1 000	-	1 000
Children and the environment d/	900	900	1 800
Integrated community-based programme e/	4 000	7 000	11 000
Total	22 000	30 000	52 000

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

c/ The child and maternal health programme continues to represent the major portion of total funding.

d/ The children in especially difficult circumstances, AIDS and children and the environment programmes are new additions to the country programme.

e/ Supplementary funding for this programme will be exclusively for rehabilitation, reconstruction and recovery of former emergency programme areas.

Major national goals

37. With a clear vision of the principle of a "first call for children", and in furtherance of Kenya's commitment to implementing the World Summit for Children Declaration and the Convention on the Rights of the Child, Government/UNICEF cooperation for the period 1994-1998 will support the achievement of the mid-decade goals and the major goals embodied in Kenya's national programme of action. These goals are linked to seven areas of concern: poverty, health, nutrition, education, water supply and environmental sanitation, equity and protection.

Programme strategy

38. The country programme strategy is based on a four-pronged approach: (a) acceleration of the achievement of mid-decade/national programme of action and other goals, anchored at the household level through integrated community-based programmes; (b) prompt and effective programme delivery and management aimed at "going to scale", using the Bamako Initiative to strengthen PHC and integrate other interventions at the community level; (c) capacity-building for sustainability, emphasizing systems development, training, management support, advocacy and social mobilization for popular participation for greater service utilization; and (d) empowerment of target group members through social mobilization, community leadership training and networking with national and community organizations.

39. The priorities of the Seventh National Development Plan, which is being formulated, coincide with mid-decade and national programme of action goals. Its theme, "Resource Mobilization for Sustainable Development", emphasizes the continued commitment of the Government to improving the welfare of all Kenyans.

Country programme goals and objectives

40. The overall goal of Government/UNICEF cooperation is to strengthen significantly the capacity of the country to reduce under-five mortality and maternal mortality and morbidity by 1998.

41. Major programme objectives include (a) reducing infant and under-five mortality rates to 70 and 90 per 1,000 live births respectively, with particular attention to the AIDS epidemic; (b) achieving universal child immunization, maintaining a level of 90 per cent immunization coverage for all antigens for infants, achieving 90 per cent coverage for tetanus toxoid for females of child-bearing age and eliminating neonatal tetanus; (c) estimating and reducing MMR by 50 per cent; (d) reducing both moderate and severe malnutrition by 30 per cent; (e) increasing participation in pre-school programmes from 30 to 50 per cent nationally, and from 50 to 70 per cent in districts with District Centres for Early Childhood Education; and (f) achieving universal access to primary education and increasing completion rates for girls from 35 to 70 per cent.

42. The country programme is also geared to achieving the following mid-decade goals for Africa endorsed by the Government in November 1992: (a) ensuring 90 per cent coverage for measles and tetanus immunization; (b) raising

immunization against diphtheria, pertussis, poliomyelitis, tetanus and tuberculosis from 75 per cent to 80 per cent; (c) achieving 80 per cent access to oral rehydration therapy; (d) providing universal access to iodized salt; (e) reducing vitamin A deficiency; and (f) eradicating dracunculiasis.

43. The major components of the 1994-1998 programme of cooperation are outlined below.

Social planning and monitoring

44. This programme is the lead effort to strengthen systems to monitor progress towards reaching national programme of action goals and implementing the Convention on the Rights of the Child. It will involve, in part, expanding existing capacity for data collection and analysis in the Central Bureau of Statistics, the Human Resources and Social Services Department, the National Council for Population and Development, the Population Studies and Research Institute and other relevant faculties in national universities. Professional NGOs, such as the Kenya Consumers' Organization, the Kenya Economic Association and the Kenya Medical Association, also will participate.

45. The programme consists of (a) data generation and analysis for policy formulation, to build capacities of relevant government institutions in data collection, analysis and reporting so as to provide a sound information base for planning and programme development; (b) vital demographic statistics, to improve registration of births and deaths occurring both inside and outside health institutions; (c) monitoring and evaluation, to develop a mechanism that records broad, national socio-economic indicators and strengthens the monitoring of sectoral programmes, which will empower communities in information generation and utilization through a specially designed monitoring system and use of the sentinel sites methodology; and (d) use of the standards of the Convention on the Rights of the Child, to advocate and monitor implementation of the comprehensive Child Law which is expected to be approved by Parliament in 1993.

Child and maternal health

46. This programme aims to strengthen the health delivery system of Kenya through cost-sharing and involvement of district management boards and communities in the management of health services so as to reduce under-five mortality and maternal mortality and morbidity.

47. The Bamako Initiative strategy will be adopted for implementing and integrating child and maternal health activities to achieve Kenya's mid-decade and national programme of action goals. Over the past three years this approach has facilitated the integration of the various PHC services at the community level and empowered communities to address more of their own health needs. It provides a viable means of community cost-sharing for essential drugs, fuel costs for outreach services and stipends for community health workers, as well as an entry point for sustainable community development, including water supply, sanitation, education and income-generating projects.

48. The programme consists of control of malaria, diarrhoeal diseases and ARI, the safe motherhood initiative and family planning. The Kenya expanded

programme on immunization will address the problems of inadequate supplies, vaccines and transportation, ineffective maintenance of cold-chain storage for vaccines, management coordination and supervision of immunization activities. The district health management information system will strengthen the planning, organization, coordination, monitoring and evaluation of health care activities at national and district levels.

Nutrition and household food security

49. This programme aims to empower communities to reduce moderate and severe malnutrition in children and women through the triple-A (assessment, analysis, action) approach, along with policy support to improve household food security.

50. Growth monitoring and promotion will help to strengthen the child health and nutrition information system by incorporating additional nutrition status and breast-feeding indicators. Proper child weaning and feeding practices will be emphasized. BFHI will strengthen awareness and implementation of infant feeding policy guidelines, particularly the promotion of breast-feeding. Micronutrient deficiency initiatives will create public awareness of the importance of consuming iodized salt and strengthening national capacity for iodization and vitamin A supplementation. In addition, household food security efforts will develop policies to increase family food consumption. These initiatives will be implemented through a PHC/Bamako Initiative strategy, with clear linkages with other programmes, particularly water supply and sanitation and women's credit activities.

Basic education

51. The basic education programme seeks to empower individuals and communities with the awareness and knowledge they need to make informed decisions about their survival and development. A special focus is on the education of girls to improve their participation in, and completion of, a formal primary school education. Another priority will be improving alternative systems of non-formal education for girls who are not yet absorbed into the formal system. District-based monitoring systems will be strengthened to assess both qualitative and quantitative learning achievements, with specific reference to girls.

52. Early childhood care and education, an important preparatory stage for primary education, will address the quality and relevance of programmes by means of curricula review to incorporate environmental education; the training of 3,500 pre-school teachers; the formulation of strategies for increased participation of children three to six years old; and the development of appropriate low-cost home and community-based care for children up to three years of age. Primary school and non-formal education activities will enhance the participation and retention of girls in formal and non-formal education programmes. Reviews of primary curricula will improve quality, relevance and gender responsiveness, and AIDS education will be strengthened.

Water supply and environmental sanitation

53. This programme aims to support the Government in formulating policy guidelines and advocacy for achieving national programme of action goals. Priorities include increasing accessibility to a safe water supply; improving environmental sanitation and household hygiene; reducing the time spent by women and children in fetching water; and ensuring the environmental protection of water sources. By providing 20 litres per person per day from a water source within 1.5 kilometres of the homestead, the programme will reduce considerably the workload of women, saving them time and energy for improving the health and care of their children. Activities in this programme area will be undertaken as an integral part of PHC, with a strong health education component implemented through district public health teams and schools. Surveillance and the eradication of dracunculiasis, where it is detected, also will be undertaken in this context. Bamako Initiative locations will be given priority in efforts in this programme area.

54. Increased access to safe drinking-water will benefit an additional 283,500 persons in the Baringo and Kisumu districts and 10,000 persons in the Kibera slums of Nairobi through appropriate low-cost technologies that can be used by communities. Increased access to adequate excreta disposal facilities will benefit an additional 185,000 persons in the Baringo and Kisumu districts. Both initiatives will be accompanied by community leadership training in management and operational skills to strengthen sustainability. In other focus districts, enhanced networking with NGOs will be a priority.

Gender and development

55. This programme aims to improve the situation of girls and women by (a) reducing the disparities they face in education, health, work and legal status; (b) increasing their access to and control over productive resources; (c) improving the quality and quantity of information they receive; and (d) achieving a more equitable distribution of the benefits of development activities. While the Convention on the Rights of the Child will provide a framework for protection and development activities for girls, other instruments, such as the Convention on the Elimination of All Forms of Discrimination against Women and the Nairobi Forward-looking Strategies for the Advancement of Women, will be used in advocacy and implementation of women's activities.

56. The programme consists of three initiatives. Capacity-building will strengthen gender-responsive programming among collaborating agencies and develop training materials and institutional support. Women's empowerment activities will focus on improving their socio-economic status through activities related to the availability of credit and understanding of legal rights. Further activities will include assisting adolescent mothers, improving the health and educational status of girls and strengthening advocacy for positive changes in socio-cultural attitudes towards women.

Children in especially difficult circumstances

57. The overall purpose of this programme is to contribute to the improved protection and rehabilitation of children in especially difficult circumstances. The programme consists of initial steps to develop a comprehensive participatory situation analysis and networking mechanisms involving families, communities, religious institutions, NGOs and local authorities. The protection and rehabilitation of children in especially difficult circumstances will focus on street children, working children (especially domestic girl workers) and HIV/AIDS-affected children (including AIDS orphans) and will provide basic medical care, food, shelter, recreation and education. Advocacy and awareness-raising will focus on families, communities, policy makers and administrators to promote more effective preventive and curative measures.

AIDS prevention, control and community care

58. This programme aims to reduce the rate of HIV transmission through sensitization, education and advocacy. It is designed to help communities care for HIV/AIDS-affected persons, including AIDS orphans, and promote AIDS prevention, especially among youth and selected high-risk groups. The programme will work through existing community-based activities, including Bamako Initiative centres and the school system, to expand counselling on prevention and to provide community-based care.

59. The programme consists of five elements: (a) AIDS education in schools through the Ministry of Education; (b) community-based AIDS education and service delivery; (c) materials development and dissemination; (d) AIDS interventions through the organized health sector; and (e) capacity-building.

Advocacy, communication and social mobilization

60. Building on solid achievements in social mobilization at national, district and village levels, the overall objective of the advocacy, communication and social mobilization programme is to create greater awareness of child survival, protection and development concerns at all levels of society and to involve communities more fully and effectively in activities.

61. Advocacy for child survival, protection and development and national programme of action goals will sensitize political leaders, other policy makers, planners and donors to the importance of implementing policies and increasing budgets for activities that benefit children and women. Building-capacity will link social mobilization training with sectoral programmes. The electronic, print and folk media will be strengthened to promote goals for children at national and district levels.

Children and the environment

62. This new cross-cutting programme is based on Agenda 21, adopted at the United Nations Conference on Environment and Development, and demonstrates both government and UNICEF recognition of the need to address the impact of environmental issues on child and maternal health.

63. The programme will emphasize community participation in (a) environmental education and awareness to highlight indigenous knowledge at all levels; and (b) waste disposal and management to contribute to the development of a model for sustainable waste management in Nairobi, Kisumu and Mombasa. UNICEF is currently developing partnerships and alliances with other agencies, among them the United Nations Environment Programme, the United Nations Centre for Human Settlements and the Food and Agriculture Organization of the United Nations, to mobilize additional resources to meet the emerging demands for interventions to address environmental concerns.

Integrated community-based programmes

64. Community-based programmes are built around the principles of capacity-building, empowerment and effective service delivery to achieve the decade goals for children and to complement national sectoral programmes. The overall strategy is to develop community-based models to achieve national programme of action goals for children and to strengthen grass-roots participation in programme planning, implementation and monitoring in order to ensure greater community ownership and sustainability.

65. The programme consists of four components. The rural programme will focus on the two rural districts of Kisumu and Baringo, where integrated community-based programming models are being developed based on replicable and sustainable community initiatives. In four other districts - Kitui, Kwale, Embu and Homa Bay - UNICEF support will be limited to continuing support for PHC through the Bamako Initiative. The urban programme will cover slum and squatter settlements in the three main urban areas of Kenya - Nairobi, Mombasa and Kisumu - and focus on basic services and the protection of the urban child. The north-eastern programme will develop more appropriate and effective service delivery systems for nomads and livestock farmers for rehabilitation, reconstruction and recovery in post-emergency programme areas. The emergency rehabilitation and recovery programme will address preparedness and recovery for drought-affected and displaced populations in north and north-eastern Kenya.

66. In addition to the three current focus areas (Kisumu, Baringo and Nairobi), UNICEF will support interventions in three districts of North-Eastern province and intensify the Bamako Initiative in four other rural districts (Embu, Kitui, Kwale and Homa Bay) and Mombasa municipality.

67. To facilitate the achievement of country programme objectives, projects will be implemented in a coordinated manner, focusing on major activities that have the potential for high visibility and impact. Social mobilization and gender analysis will be integrated fully with sectoral activities to support the achievement of all programme goals.

Monitoring and evaluation

68. Project objectives have been synchronized with activities and monitoring indicators to facilitate regular reporting on implementation. The monitoring and evaluation needs of the programme have also been incorporated into an integrated monitoring and evaluation plan.

Coordination with other agencies

69. UNICEF will strengthen coordination with major partners, including the United Nations system, bilateral donors and key NGOs, to achieve country programme and national programme of action goals. As set out in the draft country strategy note, the United Nations and the Government of Kenya propose to mobilize resources to address the priority development needs of the country. Under the leadership of UNDP, the Joint Consultative Group on Policies is being strengthened further to support stronger networking and coordination between donor-funded programmes. This collaboration is expected to extend to district-level implementation through the efforts of the Government's inter-ministerial steering committee on child survival, protection and development. Kenya also has a very strong network of international and local NGOs; currently as much as 60 to 65 per cent of UNICEF assistance is being channelled through these NGOs.

Programme management

70. The UNICEF management objective for capacity-building and sustainability of the 1994-1998 programme of cooperation is to provide efficient and adequate staff support to ensure programme acceleration and impact. In the new country programme, AIDS and children in especially difficult circumstances are linked to become full programmes, and the new children and the environment programme has been added. For programme support to AIDS, staff are already in place; to meet the staffing needs of children in especially difficult circumstances and the children and the environment programmes, existing area-based staff will assume additional responsibilities and appropriate NGOs will cooperate.

71. Accelerated and sustained implementation of national programme of action and mid-decade goals for both regular and emergency/recovery programmes during the next programme cycle will require strengthening of the Operations Section. This will involve upgrading one administrative post from General Service to National Officer level, and establishing a National Officer post for logistics to improve monitoring and timely delivery of supply and equipment to community-based sites. Additionally, the creation of a General Service post (a senior information resource management assistant) will enhance data collection and entry, analysis and monitoring capabilities of the programme office for more cost-effective management.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Kenya	(1992 and earlier years)		UNICEF country classification
Under-five mortality rate	74	(1992)	High U5MR
Infant mortality rate	51	(1992)	High IMR
GNP per capita	$ 340	(1991)	Low-income GNP
Total population	25.2 million	(1992)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1992
Births	(thousands)	605	856	1054	1111
Infant deaths (under 1)	(thousands)	58	61	57	57
Under-five deaths	(thousands)	95	96	83	82
Under-five mortality rate (per 1,000 live births)		157	112	78	74
Infant mortality rate (under 1) (per 1,000 live births)		97	72	54	51

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980/1987)	Moderate & severe	..	14 a/
	Severe	2 *	3 a/
Babies with low birth weight (%, 1979/1990)		18	16
Primary school children reaching final grade (%, 1980/1988)		55 *	62

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.)(%, 1989)	..	24
Timely complementary feeding rate (6-9 mos.) (%, 1989)	..	87
Continued breast-feeding rate (20-23 mos.)(%, 1989)	..	46
Prevalence of wasting (%, 1979/1987)	8	5 a/
Prevalence of stunting (%, 1979/1987)	37	52 a/
Daily per capita calorie supply (% of requirements, 1979-81/1990)	95	89
Total goitre rate (est.)	..	7
Household expenditure (% of total income, 1980-85) All food/cereals	..	38 / 16

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1991)		..	69
Access to health services (% of population, 1992)	Total	..	77
	Urban/rural	.. / ..	.. / 40
Access to safe water (% of population, 1980/1991)	Total	26	49
	Urban/rural	85 / 15	74 / 43
Access to adequate sanitation (% of population, 1980/1991)	Total	34	43
	Urban/rural	89 / 19	69 / 35
Births attended by trained personnel (%,1984/1989)		28	50
Maternal mortality rate (per 100,000 live births, 1977)		170	..

Immunization		1981	1985	1990	1992
One-year-olds (%) immunized against:	Tuberculosis	..	82	80	93
	DPT	..	70	74	85
	Polio	..	70	71	85
	Measles	..	63	59	81
Pregnant women (%) immunized against:	Tetanus	..	40	37	37

a/ Rural only 0-59 months.
* UNICEF field office source.

TABLE 1 (continued)

Kenya

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	115 / 91	94 / 91
(%, 1980/1988)	Male	120 / 92	96 / 92
	Female	110 / 89	92 / 89
Secondary enrolment ratio (gross/net)	Total	20 / ..	23 / ..
(%, 1980/1988)	Male	23 / ..	27 / ..
	Female	16 / ..	19 / ..
Adult literacy rate, 15 years & older	Total	32	69
(%, 1970/1990)	Male/female	44 / 19	80 / 59
Radio/television sets (per 1,000 population, 1980/1990)		32 / 4	125 / 9

DEMOGRAPHIC INDICATORS		1970	1980	1990	1992	2000**
Total population	(millions)	11	17	24	25	33
Population aged 0-15 years	(millions)	5.8	8.7	12	13	16
Population aged 0-4 years	(thousands)	2314	3542	4495	4748	5874
Urban population (% of total)		10	16	24	25	32
Life expectancy at birth	Total	50	55	58	59	61
(years)	Male	48	53	57	57	60
	Female	52	57	60	61	63
Total fertility rate		8.1	7.8	6.5	6.3	5.5
Crude birth rate (per 1,000 population)		53	51	45	44	40
Crude death rate (per 1,000 population)		18	14	11	10	9

		About 1980	Most recent
Contraceptive prevalence rate (%, 1978/1989)		7	27
Population annual growth rate	Total	3.6	3.5
(%, 1965-80/1980-92)	Urban	7.7	7.3

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-80/1980-91)		3.1	0.3
Inflation rate (%, 1965-80/1980-91)		7	9
Population in absolute poverty (%, 1977)	Urban/rural	10 / 55	.. / ..
Household income share (% ,1983)	Top 20%/bottom 40%	61 / 9	.. / ..
Government expenditure	Health/education	8 / 20	5 / 20
(% of total expenditure, 1980/1990)	Defence	16	10
Household expenditure (% share of total, 1980 or 1985)	Health/education	.. / ..	3 / 10
Official development assistance:	$US millions	397	884
(1980/1991)	As % of GNP	6	10
Debt service (% of goods and services exports, 1980/1991)		12	22

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1989-1993 a/

COUNTRY: KENYA
LATEST BOARD APPROVAL: 1992
GENERAL RESOURCES: $19 551 000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health nutrition and population	2 804	3 730	1 212	1 077	1 536	394	2 547	1 365	8 099	3 203	6 566	9 693	14 665	12 896
Water supply and sanitation	1 840	112	129		989		1 595	4	4 553	521	116		4 669	
Basic education	310		456		214		677		1 657	1 471			1 657	1 471
Community organization and development	42		30		15		72		159				159	
Women in development	161		441	19	170		627	18	1 399	655	37	670	1 436	1 325
Children in especially difficult circumstances	136	43					65	216	201		259		460	
Community participation and social mobilization	110	(67)	207	29	284	17	1 286	453	1 887	900	432	3 500	2 319	4 400
Social planning and institution capacity-building	747	96	126	84	415	60	1 994	387	3 282	780	627	2 435	3 909	3 215
Programme support	112	52			900		387	389	1 399		441		1 840	
Area-based common support										3 013		17 105		20 118
Rural integrated CSD										6 500		5 895		12 395
Urban basic services										1 500		2 095		3 595
Emergency	349	6 872		40		46	335	8 082	684		15 040		15 724	
Freight	23	1							23		1		24	
Unallocated reserve										1 000				1 000
GRAND TOTAL	6 634	10 839	2 601	1 249	4 523	517	9 585	10 914	23 343 b/	19 551 c/	23 519	41 393	46 862 d/	60 423

GR = General resources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.

a/ Actual expenditure includes expenditure recorded as of 16 December 1993.
b/ Including expenditure from global fund and additional general resources for unfunded supplementary funding.
c/ Including aditional general resources $4 551 000 (E/ICEF/1992/P/L.35).
d/ Of this amount, $10 803 330 remains unfunded.

.../...

TABLE 3. PLANNED EXPENDITURE, 1994 - 1998

(In thousands of United States dollars)

Country: KENYA Period covered: 1994 - 1998	Funding status	1994	1995	1996	1997	1998	Total
Child and maternal health	GR	800	800	800	800	800	4 000
	FSF	1 330					1 330
	NSF	1 200	1 200	1 200	1 200	1 200	6 000
Nutrition	GR	200	200	200	200	200	1 000
	NSF	520	520	520	520	520	2 600
Basic education	GR	440	440	440	440	440	2 200
	NSF	520	520	520	520	520	2 600
Water and sanitation	GR	700	700	700	700	700	3 500
	NSF	500	500	500	500	500	2 500
Gender and development	GR	180	180	180	180	180	900
	NSF	180	180	180	180	180	900
Children in especially difficult circumstances	GR	200	200	200	200	200	1 000
	NSF	900	900	900	900	900	4 500
AIDS prevention, control and community care	GR	200	200	200	200	200	1 000
	NSF	600	600	600	600	600	3 000
Advocacy, communication and social mobilization	GR	200	200	200	200	200	1 000
The child and the environment	GR	180	180	180	180	180	900
	NSF	180	180	180	180	180	900
Social planning and monitoring	GR	500	500	500	500	500	2 500
Integrated community-based programme	GR	800	800	800	800	800	4 000
	FSF	80					80
	NSF	1 400	1 400	1 400	1 400	1 400	7 000
TOTAL	GR	4 400	4 400	4 400	4 400	4 400	22 000
	FSF	1 410					1 410
	NSF	6 000	6 000	6 000	6 000	6 000	30 000
GRAND TOTAL		11 810	10 400	10 400	10 400	10 400	53 410

GR = General resources.
FSF = Funded supplementary funding.
NSF = New supplementary funding.

/...

TABLE 4. LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

KENYA

PROGRAMME SECTION/AREAS AND FUNDING SOURCES	PROGRAMME BUDGET, 1994-1998 (In thousands of US dollars)				POSTS a/ EXISTING POSTS						SUBTOTAL			TOTAL POSTS	STAFF COSTS b/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/1.3	D1/1.6	P1.5	P1.4	P1.3	P1.2	IP	NP	GS		IP	LOCAL	TOTAL
GENERAL RESOURCES																	
Child and maternal health	4000			4000			1	1			2	2	5	9	1278	359	1637
Nutrition	1000			1000													
Basic education	2200			2200								1	2	3		158	158
Water and sanitation	3500			3500			1				1	2	5	8	667	359	1026
Gender and development	900			900								1	1	2		115	115
Children in especially difficult circumstances	1000			1000								1		1		72	72
AIDS prevention, control and community care	1000			1000					1		1			1	547		547
Advocacy, communication and social mobilization	1000			1000				1			1	1	3	5	611	201	812
The child and the environment	900			900													
Social planning and monitoring	2500			2500								1	1	2		115	115
Programme support									1		1			1	547		547
Integrated community-based programme	4000			4000								5	6	11		618	618
TOTAL GR	22000			22000			2	2	2		6	14	23	43	3650	1997	5647
SUPPLEMENTARY FUNDING																	
Child and maternal health		1330	6000	7330								1	1	2		115	115
Nutrition			2600	2600													
Basic education			2600	2600													
Water and sanitation			2500	2500													
Gender and development			900	900													
Children in especially difficult circumstances			4500	4500									2	2		86	86
AIDS prevention, control and community care			3000	3000									1	1		43	43
The child and the environment			900	900													
Integrated community-based programme		80	7000	7080													
TOTAL SF		1410	30000	31410								1	4	5		244	244
TOTAL GR & SF				53410			2	2	2		6	15	27	48	3650	2241	5891
ADM. AND PROGRAMME SUPPORT BUDGET (Proposed, 1994-1995)	Operating costs			1129													
	Staffing c/			1390			1	2			3	4	15	22	713	677	1390
GRAND TOTAL (GR + SF + ADM)							3	4	2		9	19	42	70			
	Number of posts and staff costs:																
	- At the beginning of previous programme (1990)										9	12	30	51	N/A	N/A	N/A
	- At the beginning of proposed programme (1994)										9	19	42	70	N/A	N/A	N/A
	- At the end of proposed programme (1998) (Indicative only)										9	20	43	72	N/A	N/A	N/A

a/ Each post, regardless of its funding source, supports the country programme as a whole.

b/ Project posts are funded for five years; core posts are funded for two years.

c/ The posts are effective as of 1 January 1994.

Abbreviations: GR = general resources; FSF = funded supplementary funding; NSF = new supplementary funding; SF = supplementary funding; IP = International Professional; NP = National Professional; GS = General Service; ADM = administrative.